

2016-2017 STUDENT AFFIDAVIT OF NON-FILING OF 2014 TAX RETURN

Student's Last and First Name: _____ **Student's 9-digit UCR ID#:** _____

ONLY COMPLETE THIS FORM IF YOU/YOUR SPOUSE DID NOT AND ARE NOT REQUIRED TO FILE A 2014 U.S. INCOME TAX RETURN. (Refer to page 6 of 2015 1040 instruction booklet on filing requirements.) Complete the income information below. Round dollar amounts to the nearest dollar (no cents). Omit hyphens, dollar signs, and commas.

2015 ANNUAL INCOME RECEIVED FROM JANUARY 1, 2015 TO DECEMBER 31, 2015

- 1. Student's Income from Work: \$ _____
 - 2. Spouse's Income from Work: \$ _____
 You and your spouses combined income from work from the following sources:
 Federal Work-Study \$ _____
 Teaching or Research Assistantship \$ _____
 Residence Hall Advisor Stipend \$ _____
 - 3. Unemployment Benefits \$ _____
 - 4. Child Support Received \$ _____
 - 5. Disability Benefits \$ _____
 - 6. Workers' Compensation \$ _____
 - 7. Retirement Benefits \$ _____
 - 8. Housing Assistance (specify type) \$ _____
 *see below
 - 9. Veterans Benefits (noneducation) \$ _____
 - 10. Vocational Rehabilitation \$ _____
 - 11. Money Received, or Paid on your Behalf \$ _____
 - 12. Other (specify type) \$ _____
- TOTAL: \$ _____

13. Indicate whether you received Financial Aid in 2015 (grants, scholarships and/or loans) Yes "No
 * Include food and other living allowances paid to members of the military, clergy, etc. (including the cash value of benefits).

Describe the circumstances which qualifies your non-filing status.

If I/we subsequently file a 2015 tax return, I/we understand that my/our tax data MUST be provided through the Federal IRS Data Retrieval process at www.fafsa.gov or by requesting a 2015 Federal Tax Return Transcript from the IRS website at <https://sa.www4.irs.gov/irfof-tra/start.do> or by calling the IRS at 800.908.9946.

***Certifications and Signatures:** Signing below certifies that all the information reported is complete and correct.

Student's Signature: _____ **Date:** _____

The student and one parent whose information was reported on the FAFSA must date and sign.
 *WARNING: If you purposely give false or misleading information, you may be fined, sent to prison, or both.

After you have filled in the information, print, sign, and submit this form to:
 UC Riverside - Financial Aid Office - 900 University Avenue - Riverside, CA 92521
 Phone (951) 827-3878 Fax (951) 827-5619